

ORAL EXAMINATION REPORT

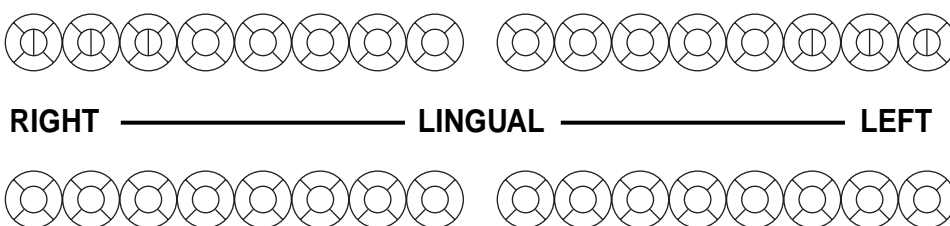
(All sections must be completed)

Please send all claims and inquiries to: **International Administrators Limited**
 16/F, 9 Des Voeux Road West, Sheung Wan, Hong Kong, SAR
 Tel: (852) 2573 2535 Fax: (852) 2573 2917
 E-mail: inquiry@ialhk.com Website: <http://www.pacificcross-insurance.com>

SECTION A – PARTICULARS OF THE EXAMINEE

Name	Date of Birth (MM/DD/YY)	Sex
Examination Date (MM/DD/YY)	Member No.	Policy No.
If group insurance, name of the Policyholder		

SECTION B – EXAMINING DENTIST'S REPORT

1. Have any dental X-rays been taken during this examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please describe nature of X-rays and reason for taking such:		
2. Please describe general condition of dentures (if any):		
3. Other abnormalities or observations: please specify		
4. Diagrammatic Report on Oral Examination (as per symbols and colours overleaf)		
<p>LABIAL</p>  <p>RIGHT LINGUAL LEFT</p>		

Name of Dentist: _____

Address: _____

Telephone No.: _____

E-mail: _____

Signature of Dentist with Stamp

Date: _____

Examination Reporting Code:

1. Please record findings of your examination (including X-rays) on the report form overleaf with the following symbols and colours:

Tooth previously extracted



Tooth now requiring extraction



Previous filling – in sound condition



Previous filling – now requires attention



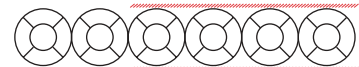
Cavity requiring filling



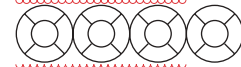
Root abscesses



Gingivitis



Periodontitis



Bridge (in sound condition)



Bridge requiring attention



Crown – in sound condition



Crown – requiring attention



Wisdom teeth impacted



2. Please mark position of artificial teeth currently on dentures as per illustration:

